BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIALNO FILING DATE

TAL DEP.		4	26			4	
		, , ,					L
TAL IND	3	4	3	4			j,
50	ļ				•		
49	<u> </u>						ŀ
48	 	1					ŀ
46	 	 	 	 		 	
45	 						I
44							ŀ
43		1	 	 	 		ŀ
42		 	 		 		!
40	 	 	 				
39	 	<u> </u>					İ
38		ļ					. [
37					1		ŀ
36				 	1		
35	1	1	 -	 	 	 	
33 34	 	 	 	 	 		
32	 	 	1				4
31		$\downarrow = $					
30					1		
29	1	 	1	1	 	-	
28	 	+	 	 			
26 27	- 	+	 				
25	 	•	 				
24.		2				†	
23	1	-	1	 	 	 	
22	1	ಎ	1	+	 	ļ. ·	1
20		 		╅-	1		
19		 -	1	1 1			
18	1			1-1			
17				1:	1	 	i
16	1	 	1-	+ +	1	 	•
15		- 		 	 	 	ł
13	+		 	+	-		1
12							1
11				11		1	1
10				17	1	1	1
9	1			++-		 	1
8	- 			++	- 	-	1
7				11]
5							1
4				1-1	_	 	1
3		 		+-5-	 		1
<u>1</u> 2	+-		11	 , 		-] .
.	IND	DEP		. DEP	. IND.	DEP.]
			1'4	I"AMENDMENT		2 MAMENDMENT	
	AS	FILED		AFTER		AFTER	

PTO - 1360 (REV. (1/04)

		AS FILED			TER NOMENT	AF	AFTER	
		IND.	DEP.	IND.	DEP.	IND.	DEP	
5							100	
5							 	
5				!				
5				 				
5				 				
5				 		 		
5				 		!	<u> </u>	
5				 		!	ļ	
6				 			 	
6		· ·		f				
6:	2							
6.					:			
6.								
6:							<u> </u>	
60								
67								
68								
69								
70								
72	-							
73	-							
74			<u> </u>					
75								
76								
77								
78								
79								
80								
81								
82								
83								
84	_							
85	_							
86			_\					
87					I	·		
88	-							
89 90								
91	╌							
92								
93	\dashv							
94	_							
95	+		 +		 }	 ⊦		
96	1			·	{			
97							· ·	
98								
99	\Box					• •		
100	\perp							
TOTALE	ND.		4		\$		1	
TOTAL D			4		¢a		4 =	
TOTAL		ž.				1		
				HENT OF CON	INIERCE		0:3501	

U.S. DEPARTMENT of COM